

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METERED DOSE INHALER FOR BECLOMETHASONE DIPROPIONATE

the specification of which (check only one item below):

☐ is attached hereto with Preliminary Amendment.

☒ was filed as United States application Serial No. 08/945,141 on October 14, 1997 and was amended on September 21, 1998 and September 28, 1998 (if applicable)

☒ was filed as PCT international application Number PCT/US96/05009 on April 11, 1996

and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 and all information which became available between the filing of the prior application and the national or PCT international filing date of the continuation-in-part application.

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PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
1.PCT	PCT/US96/05009	11 April 1996	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No..	Filing Date (MM/DD/YYYY)
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COMBINED DECLARATION OF PATENT APPLICATION AND POWER OF ATTORNEY (Continued - Includes References to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
GI2180USW

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or §365(c) of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS		STATUS (Check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
08/422,280	April 14, 1995			X
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. FILING NUMBERS ASSIGNED (if any)		
PCT/US96/05009	April 11, 1996		X	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy	Reg. No. 27,655	James P. Riek	Reg. No. 39,009	Gerald M. Murphy, Jr. Reg. No. 28,977
Charles E. Dadswell	Reg. No. 35,851	Robert T. Hrubiec	Reg. No. 36,392	
Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164	
Robert H. Brink	Reg. No. 36,094	Shah R. Makujina	Reg. No. 41,174	
Elizabeth Selby	Reg. No. 38,298	Lorie Ann Morgan	Reg. No. 38,181	

Send Correspondence to:

David J. Levy, Patent Counsel
Global Intellectual Property Department
Glaxo Wellcome Inc.
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709

Direct Telephone Calls to:

Gerald M. Murphy, Jr.
(703) 205-8000

201	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
204	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
205	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

COMBINED DECLARATION OF PATENT APPLICATION AND POWER OF ATTORNEY
(Continued - Includes References to PCT International Applications)

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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
207	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
208	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
209	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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210	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 201 - <i>Ignacio Brito</i>	Signature of Inventor 202	Signature of Inventor 203
Date <i>7th, Jan, 1999</i>	Date	Date
Signature of Inventor 204	Signature of Inventor 205	Signature of Inventor 206
Date	Date	Date
Signature of Inventor 207	Signature of Inventor 208	Signature of Inventor 209
Date	Date	Date
Signature of Inventor 210		
Date		

Supplemental Declaration

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ATTORNEY'S
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COUNTRY (if PCT indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
1. PCT	PCT/US96/05009	11 April 1996	
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David J. Levy, Patent Counsel Global Intellectual Property Department Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709				Gerald M. Murphy, Jr. (703) 205-8000																									
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME ASHURST	FIRST GIVEN NAME Ian	SECOND GIVEN NAME/INITIAL Car;																									
	RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB																									
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398	CITY RTP	STATE & ZIP CODE/COUNTRY NC 27709, US																									
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME HERMAN	FIRST GIVEN NAME Craig	SECOND GIVEN NAME/INITIAL Steven																									
	RESIDENCE & CITIZENSHIP	CITY Raleigh	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US																									
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398	CITY RTP	STATE & ZIP CODE/COUNTRY NC 27709, US																									
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME LI-BOVET	FIRST GIVEN NAME Li	SECOND GIVEN NAME/INITIAL																									
	RESIDENCE & CITIZENSHIP	CITY Scotch Plains	STATE OR FOREIGN COUNTRY NJ	COUNTRY OF CITIZENSHIP CH																									
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 172 Spruce Mill Lane	CITY Scotch Plains	STATE & ZIP CODE/COUNTRY NJ 07076, US																									
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME RIEBE	FIRST GIVEN NAME Michael	SECOND GIVEN NAME/INITIAL Thomas																									
	RESIDENCE & CITIZENSHIP	CITY Raleigh	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US																									
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398	CITY RTP	STATE & ZIP CODE/COUNTRY NC 27709, US																									
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Supplemental Declaration

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued - Includes References to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
GI2180USW

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
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Signature of Inventor 201	Signature of Inventor 202	Signature of Inventor 203
Date	Date	Date
Signature of Inventor 204	Signature of Inventor 205	Signature of Inventor 206
Date	Date	Date
Signature of Inventor 207	Signature of Inventor 208	Signature of Inventor 209
Date	Date	Date
Signature of Inventor 210		
Date		

Supplemental Declaration

DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(to PCT International Applications)

ATTORNEY'S
DOCKET NUMBER
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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
		ASHURST	Ian	Car;	
		Ware	GB	GB	
		Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398	RTP	NC 27709, US	
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
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		HERMAN	Craig	Steven	
		Raleigh	NC	US	
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		LI-BOVET	Li		
		Scotch Plains	NJ	CH	
		172 Spruce Mill Lane	Scotch Plains	NJ 07076, US	
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
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		RIEBE	Michael	Thomas	
		Raleigh	NC	US	
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2 0 8	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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2 0 9	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2 1 0	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 201 <i>[Signature]</i>	Signature of Inventor 202	Signature of Inventor 203
Date <i>5m March 1998</i>	Date	Date
Signature of Inventor 204	Signature of Inventor 205	Signature of Inventor 206
Date	Date	Date
Signature of Inventor 207	Signature of Inventor 208	Signature of Inventor 209
Date	Date	Date
Signature of Inventor 210		
Date		

Supplemental Declaration

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY'S
DOCKET NUMBER
GI2180USW

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METERED DOSE INHALER FOR BECLOMETHASONE DIPROPIONATE

the specification of which (check only one item below):

☐ is attached hereto with Preliminary Amendment.

☒ was filed as United States application Serial No. 08/945,141 on 14 October 1997 and was amended on _____ (if applicable).

☒ was filed as PCT international application Number PCT/US96/05009 on 11 April 1996

and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 and all information which became available between the filing of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
1. PCT	PCT/US96/05009	11 April 1996	
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No..	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	
4.	
5.	

Supplemental Declaration

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued - Includes References to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
GI2180USW

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or §365(c) of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS		STATUS (Check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
08/422,280	April 14, 1995			X
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. FILING NUMBERS ASSIGNED (if any)		
PCT/US96/05009	April 11, 1996			X

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy	Reg. No. 27,655	James P. Riek	Reg. No. 39,009	Gerald M. Murphy, Jr.	Reg. No. 28,977
Charles E. Dadswell	Reg. No. 35,851	Robert T. Hrubiec	Reg. No. 36,392		
Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164		
Robert H. Brink	Reg. No. 36,094	Shah R. Makujina	Reg. No. 41,174		

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Gerald M. Murphy, Jr.
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
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204	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		RIEBE	Michael	Thomas
		Raleigh	NC	US
		Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398	RTP	NC 27709, US
205	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

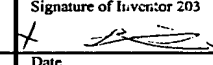
Supplemental Declaration

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued - Includes References to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
GI2180USW

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0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
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9	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
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Signature of Inventor 201	Signature of Inventor 202	Signature of Inventor 203 X 
Date	Date	Date X 3/6/98
Signature of Inventor 204	Signature of Inventor 205	Signature of Inventor 206
Date	Date	Date
Signature of Inventor 207	Signature of Inventor 208	Signature of Inventor 209
Date	Date	Date
Signature of Inventor 210		
Date		